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papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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| | | | F | iled Electroi | nically: EFS-W | eb (Date) | | |
|---|--------------|---------------|--|------------------|-------------------|---------------------|--|--|
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET N | O. CONFIRMATION NO. | | |
| 10/586/915 07/24/2006 Karl Raymond Wittig US04/07/4US 8242 TITLE OF INVENTION: FREE-RUNNING NUMERICALLY-CONTROLLED OSCILLATOR USING COMPLEX MULTIPLICATION WITH COMPENSATION FOR AMPLITUDE VARIATION DUE TO CUMULATIVE ROUND-OFF ERRORS | | | | | | | | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) | DUE DATE DUE | | |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 06/03/2010 | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS |] | | | | |
| NGO, CHUONG D | | 2193 | 708-270000 | | | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OK, alternatively, | | | | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Number is required.

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NXP. B.V.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(2) the name of a single firm (having as a member a

registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is

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| 4a. The following fee(s) are submitted: 2d Issue Fee 2d Publication Fee (No small entity discount permitted) Advance Order - # of Copies | 4b. Payment of Fee(6): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(6), any deficiency, or credit any overpayment, to Depoid Koccun Number — \$20-44019 — (neclose an extra copy of this form). |
|--|---|
| 5. Change in Entity Status (from status indicated above) | The Applicant is no local planning SMALL ENTITY states See 27 CER 1 27(2)(2) |

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government

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| Authorized Signature / David L. Schaeffer/ | Date March 11, 2010 | |
| Typed or printed name David L. Schaeffer | Registration No. 32,716 | |

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